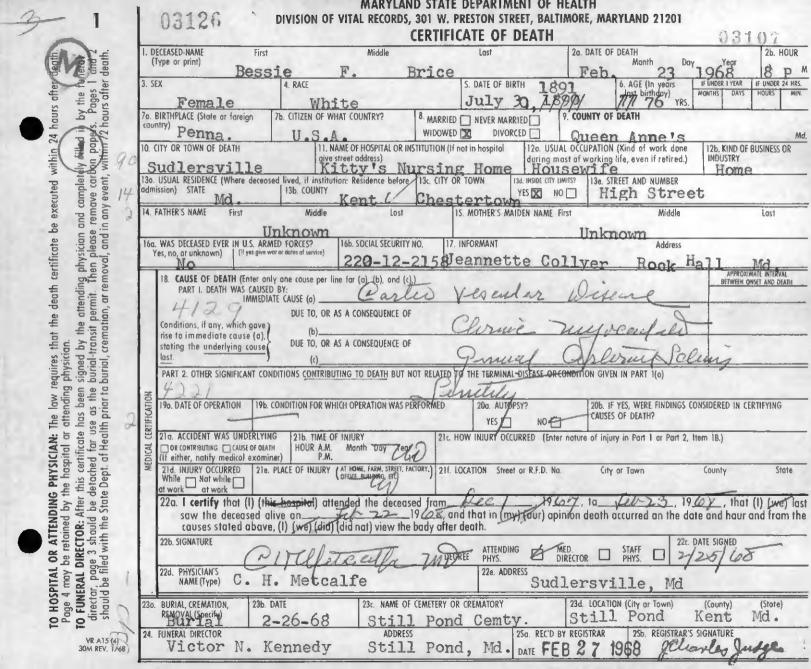
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03105
HEALTH OEPT.	1. DECEASED NAME (Type or Print) Walter Jepthah Baker (Type or Print) Walter Jepthah Baker	5 168 3 P. M
de de l	3. SEX A RACE S. DATE OF BIRTH 6. AGE (In yours of Norths) DAYS HOURS MIM. Month Feb. Day 5	Year 19 68 3 P. M
form 1, 2, to the Depor	70. BIRTHPLACE (State or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Queen Anne	Mć
after death 8. Give Pages 1 olong with form with the State D eath.	Stevensville give street oddress) xxx dun behavior give street oddress)	2b. KIND OF BUSINESS OR NDUSTRY
	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATManyland 13b. COUNT usen Anne Stevensville YES X NO XXXX	
This certificate should be executed within 24 hours cote, writing the word "pending" in penal in Item 1 be forworded to the Chief Medical Exominer's Office be used os a burial-transit permit. File pages 1 and 2 in removal, and in any event within 72 hours offer d	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Thomas J. Baker Della Welsh	lost
d within 24 in pencil in Exominer's Exominer's File pages n 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wer or dotes of service) 14-05-1032W. Raymond Baker-Stevensville.	Maruland
hould be executed within 24 word "pending" in pencil in the Chief Medical Exominer's riol-transit permit. File pages a ony event within 72 hours	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIPTOSIS Of L. VCT	BETWEEN ONSET AND DEATH Ve 2 - 5
be executing pending in the following in the following ansity permit with event with	Conditions, if any, which gave itse to immediate cause (a), (b)	
ertificate should be e writing the word "per worded to the Chief I sed os a burial-transit oval, and in any ever	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate sl. y, writing the forworded to used os a bu smooval, and is	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certifi ote, writing the forward be used o	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. How INJURY OCCURRED (Finter nature of injury in Part 1 or Part 2 them	20. AUTOPSY? YES NO NO
	210. EXTERNAL CAUSE WAS 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 19 210. EXTERNAL CAUSE OF DEATH 211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, frem 19 211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, frem 212. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, frem 213. EXTERNAL CAUSE WAS 210. EXTERN	1B.)
EXAMINER: cute the certi age 4 should your files. Poge 3 shou	21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
rcal E: executor. Page ed far CTOR: buriol,	22o. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner	ond in my opinion
JIY Sicology of the control of the c	ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL ACTUA	GNED
o DEPUTY SICAL B necessory, please exect the funeral director. Po 5 may be retained far o FUNERAL DIRECTOR: Health prior to burial.	EXAMINER'S NAME (Type) C. Rodney Layton DEPUTY MEDICAL EXAMINER & 2-7- ADDRESS(Street, city, town, or county) (entrevi	Le. Md.
50 the	230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	county) (State)
VR A15ME (5) 10M REV. 1768	24 FUNERAL DIRECTOR Church Hill, Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAR'S SIGNAR	INATURE CONTRACTOR

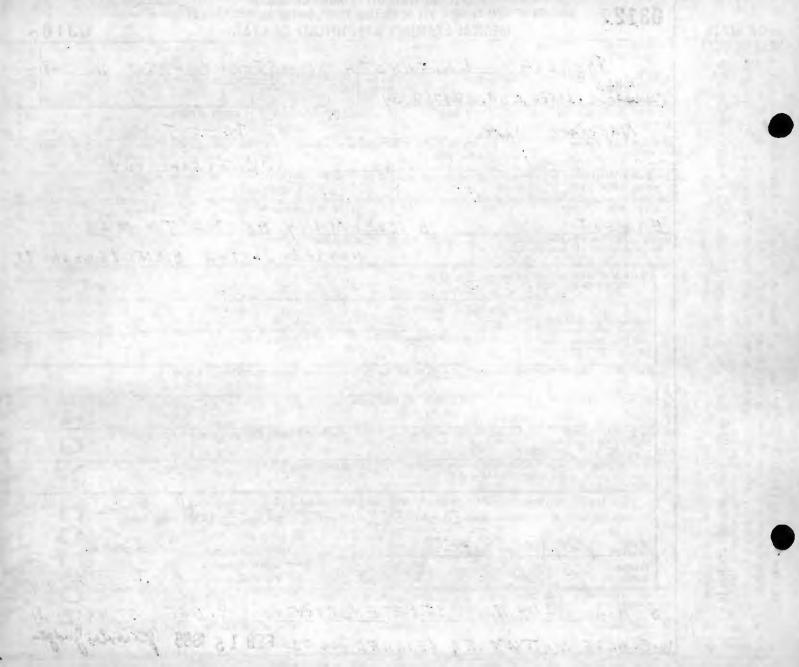
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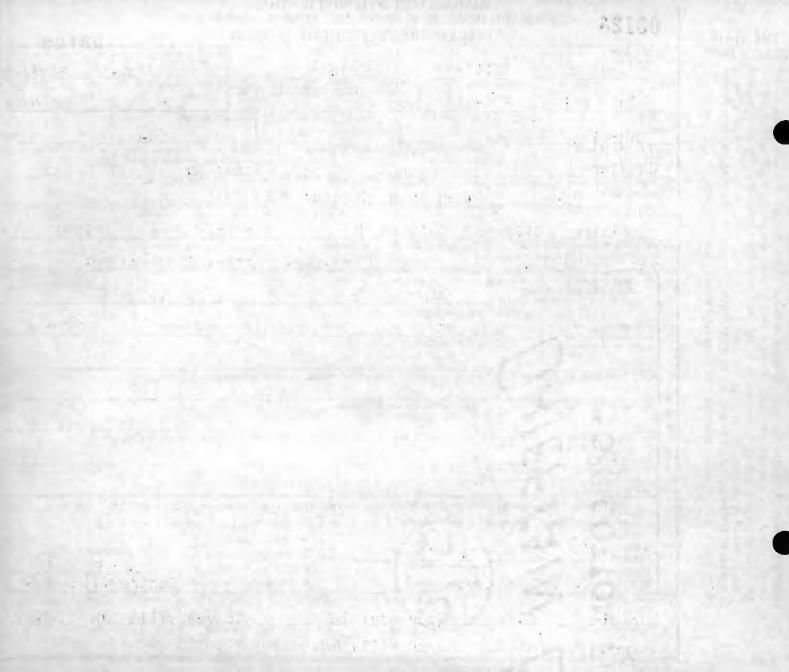
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	10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	U	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03108
HEALTH DEPT.	1. D	ECCACED MANE F (P.1).	Day Year 2b. HOUR
5000	(Type or Print) THERESA ELIZABETH CARTER DEATH MATED IN 1	1968 63 N
Pog Prog	3.5	EX E Land 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
del m3.	1	EDC CLORED AUG. 28, 1928 39 YRS. MONTHS DAYS HOURS MAN. Month Day	Year 19 Cat PA M
200	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 € 0 / m
(a) 2	cour	MARYLAND USA. WIDOWED DIVORCED TALKET QUE	eer Drown
= 0 = 0	10. (2b. KIND OF BUSINESS OR
ve Pag with	1	The ster Mel give street address) None during most of warking life, even if retired.	NDUSTRY
fter d Give ong w th the		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13C CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
hin 24 hours offer deo not in Item 18. Give Po niner's Office along wit pages Iond 2 with the S hours after death.	0	dmission) STATE Mel 136. COUNTY BJ MERRYS Levington Park YES INO EN Rosete 1	135x 159
hours Item Office Iond 2 offer offer	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	E	ERNEST BISCOE MARY BERTIE THOMA	1-5
hin 24 nail in niner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
executed within 24 inding" in pencil in Medical Examiner's permit. File pages of within 72 hours	(,	(If yes give war or doles of service) HENRY E. CARTER BOX 159 LE	XINGTON AT
ed in in it. Fit		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pending" in ef Medical E nsit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Profile Lohar Mezinonia	1 west
be exemple in the period must be event		DUE TO, OR AS A CONSEQUENCE OF	
d be rid 'pe Chief Chief tronsit's even		rise to immediate cause (a), (b)	
word the Cl riol-tr		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		(c)	
e ≠ + p		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
vertificat writing rwarded rwarded sed as loval, ar	NO	4401	
te, writin forward forward ie used a removal,	ICATI	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Tr be	CERTIFICATION		YES NO NO
# # 9		PRIMARY OR CONTRIBUTING HOUR A.M.	18.)
INER: ne certifi should files. 3 shoulc	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	f
(AMINER: to the cert e 4 should our files, age 3 should cremation,	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, at work while at work while at work at work at work at work in at work in at work in a twork in a two	County State
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EPUTY sssory, ple funeral d oy be ret JNERAL D ITH prior		SIGNATURE	12-67
DEPUTY JIC, Stessory, please er funeral director may be retained FUNERAL DIRECT PLANERAL DIREC		NAME (Type) ADDRESS(Street, city, town, or county)	WA 201
O DEPUTY necessory, the funero 5 may be C Funera Health pr	230	Carre Course	County) (State)
%		REMOVAL (Specify) 2/14/1968 ST PETER'S CLAVERS RIDGE STA	- 4 -
2	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIQ	
VR A15ME (5) 10M REV 1/68	W	CLARKE MATTINGLEY, LEONARDTOWN NO DATEFEB 15 1968 Policant	to Judge



1/	03128 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02100
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	Day Year 2b. HOUR
₩ 5 € E	(Type or Print) James Ellison Coleman DEATH MATED - Feb.	5 48 11 P. M
de lo	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HQUR
e FEE	Male White 6-19-1894 73 YRS MONTHS DAYS HOURS MIN. Month Feb. 5	Year 1968 11 P.M
n, 2, m	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
s l'	Maryland USA WIDOWED DIVORCED Queen Anne	Mo
£ 8 £ 3	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
after death 8. Give Peage along with with the Start leath.	Chester give street oddress) xxx during most of working life, even if retired.)	INDUSTRY XXX
ofter of olong with the seath.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
	odmission) STATE Md. 13b. COUNTY Queen Anne Chester YES ⋈ NO □ XXX	
24 hours a in Item 18. 's Office of stand 2 w	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	Joseph Ellison Coleman Augusta A	Timms
	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
d within in pencil Examine File pag n 72 hou	(Yes, no, ar unknawn) (if yes give war or dates of service) Ves Mrs. Wm. Harrisa Chestera	Md.
d be executed within 24 d'pending" in pencil in Chief Medical Examiner's tronsit permit. File pages y event within 72 hours	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" in sief Medical E onsit permit. F event within	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Artro 50 /erotic Caralco	DETAILED DIGET MID DENTI
Med Per National Nati	4/29 DILE TO OR AS A CONSEQUENCE OF	
be ipe ief	(anditions, if any, which gave) (b) Vascular disease	years
vord re Ch re Ch any	rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per in the Chief I buriol-tronsit	last,	
MINER: This certificate should be executed within the certificate, writing the word "pending" in pencil 4 should be forwarded to the Chief Medical Examine in files. B 3 should be used as a buriol-transit permit. File pagmation, or removal, and in any event within 72 has	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fico ing rdec os	z 4227	
certil verition orwar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writible forward de used or removal	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the	YES NO
# P 9		m 18.)
INER: To certific should be files.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	
AIN he sh as 3 s 3 s 3 s		Caunty State
EXAMINER: cute the certifuge 4 should ryour files. Poge 3 should tremation, I, cremation,	WHILE AT WORK AT WORK of tactory, affice building, etc.)	
ш = в . т	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry	and in my apinian
ICAL e exector. Programmed for CTOR: burio	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
lease ey director. etained DIRECTO	CHIEF MEDICAL EXAMINER	
JIY BIC.	SIGNATURE Cooline 22b. DATE S	IGNED 3
Sary uner y be	EXAMINER'S DEPUTY MEDICAL EXAMINER \(\square\)	7-65
o DEPUTY necessary, the funeral 5 may be to 0 FUNERAL Health prin	NAME (Type) C. Rodney Layton ADDRESS(Street, city, town, or county) Centrev	ille, Md.
10 H	DEMOVAL (Speciful)	(Caunty) (State)
1	Burial Feb. B Stevensville Stevensville	QA Md.
N. Carrier		
VR A15ME (5) 10M REV. 1/68	Edgar d. hane Church Hill - Md. DATE EB 13 1968	0

MAKTLAND STATE DEPAKTMENT OF MEALTH



FOR S	TATE		03129	DIVISION					T, BALTIMOR		AND 21201		0311	0
HEALTH	-		ECEASED-NAME	First			ddle		Last		2g. DATE KNOV	VNX Month	Day Year	2b. HOUR
0 0	18		Type or Print)	Ja	mes B	udd	Tracy				OF ECTI	-	. 12 168	
300	E	3	EX	4. RACE	S. DATE OF BIR	TH	6. AGE (In yes	ers IF UNDE		NDER 24 HRS	2c. DATE PRONC		. 12 .00	2d. HOUR
ond PM3.	E	m	ale	white	11/29		lost birthday) MONTHS	DAYS HOUR	RS MIN	Month	1 ⁰ 9 1	968°19	5-45 PN
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Pages aff	18	10.	CITY OR TOWN O	F DEATH	11. N	AME OF HOSPI	TAL OR INSTITUT	ION (If not in	haspital 12	a. USUAL OC	CUPATION (Kind	af wark dane	12b. KIND OF BUS	INESS OR
200	e 60	hr	. Ches	tertown	1 Roi	ireet address)	op Roa	d	P	ring most of	warking life, ex	en if retired.)	Ronson	
after de Sive	with death.	130	. USUAL RESIDEN	ICE (Where deceose	ed lived, it institu	ition: Residen	ce befare 13c. (THE OR TOWN	Had. INSTUR	CITY FIWITS?	13e. STREET AND	NUMBER	THO HOUT	
18.0 e ol	2 w		idmission) SIATE	Marylar	d Quee	n Ann	le Cl	neste	rtonyes	NO 🔀	RFD #	1		
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nine iner	pages land 2 hours ofter d		WAS DECEASED EV	VER IN U.S. ARMED F		16b. SOCIAL S		17. INFORM				DDRESSRFD	—	
d be executed within 24 d 'pending' in pencil in Chief Medical Exominer's	File p		ves	Kore	or or dates of service) an	176	20 605	8	Stephe	en E.	Tracy	Ches	tertown	, Md
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be executed pending in	onsit permit. Fevent within		75	OX	DUE TO, OR	AS A CONSEQ	UENCE OF	- 7 1						
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should e word a the Cl	burial-transit permit. I in any event within		stating the un	nderlying couse	DUE TO, OR	AS A CONSEQ	DENCE OF	1	- /					
				/	(c)		AND DESCRIPTION	40 =0 PM =0						
certificate showiting the forworded ta	be used as a b removal, and	2	PART Z. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTI	ING TO DEATH	BUT NOT RELAT	ED TO THE TE	RMINAL DISEASE	OR CONDITIO	N GIVEN IN PART	1(a)		
writ	d be used os or removol,	CERTIFICATION	19a. DATE OF C	PERATION			ON FOR WHICH	OPERATION					20. AUTOPS)	17
	ren y	ME				WAZ PEI	RFORMED?						YES 🗆	NO
This ifficate d be	P 0		21a. EXTERNAL	CAUSE WAS OR CONTRIBUTING	THE HOUSE	INJURY Manth			NJURY OCCURRED					71
NER: certiff hould	iles. should ation, or	MEDICAL	CAUSE OF DEAT	TH T	P.1	M. Feb.	12 1968	rel	rked	Cdr-	on ha	ch Room	1 SLOT S	ett
= 0 0 4	- co 5	Æ	21d. INJURY OC	CURRED 21e. P	LACE OF INJURY (At hame, farm	, street,		ON Street at R.F.D.		City or Taw	n	County	State
EXAMINER: cute the cert age 4 should	Pag cre	1	AT WORK		our office building			Rui			cryon		NA	20
AL R	CTOR: P burial,			certify that I to										y apinion
Se e	P E		deoth re	esulted from:	Noturol cous	ses [],	Accident	, Suicide	Hom	nicide [Undetermi	ned monner		
dire	DR br		ACTUAL	17	20		12			ICAL EXAMINE				
SSOTY, F	RAL DI Prior		SIGNATURE_	-	40	1-//	- cy a	h	A.D. ASSISTANT	MEDICAL EXA	MINER	22b. DATE		060
EPU SSSO	may be retained for your FUNERAL DIRECTOR: Page softh prior to burial, crem		EXAMINER'S NAME (Type)	C. R	odney 1	Layto	n Cent	revil	1e ADDRESS/SI	DICAL EXAMI	WER wn, ar county)	reb	. 13, 1	.700
O DEPUTY necessory, the funera	S moy b	73	. BURIAL CREMA			1 6	Ma11V	land_	ADDRESS		LOCATION (City		(County) (S	tate)
-	7	230	REMOVAL (Spec	ify 2/	14/68		st. Pa			near		ertown		rute)
	Nr.	24.	FUNERAL DIRECT	TOR A A	> 00		ADDRESS		2Sq. 1	REC'D BY REC	GISTRAR 25	b. REGISTRAR'S	SIGNATURE.	
	A15ME (5) 3	L	HU,	elliel	vell	S_C	hester	town,	Md DATE	FEB 1	6 1968	yclia	vies year	

MAKTLAND STATE DEPARTMENT OF HEALTH

